

Name
in
Full

102 Narned - Booker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sudlersville</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	1909	Month	Jan	Day	18	Age	1 day
Sex	Female	Color or Race	White	Birth-place	<i>Sudlersville Md</i>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>Lewis Booker</i>			
Mother's Maiden Name				<i>Maria Booker</i>			
Name of person giving information				<i>Lewis Booker</i>			
Father's Birthplace				<i>Maryland</i>			
Mother's Birthplace				<i>Maryland</i>			
How related to deceased				<i>Parents</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Cyanosis</i>	How long	<i>24 hours</i>
Immediate	<i>imperfect closure of valve</i>	How long	<i>forties valve</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>A. E. Sudler</i>	
		Address	
		<i>Sudlersville Md</i>	
Accident or Suicide?			



Name
in
Full

Sarah Burges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

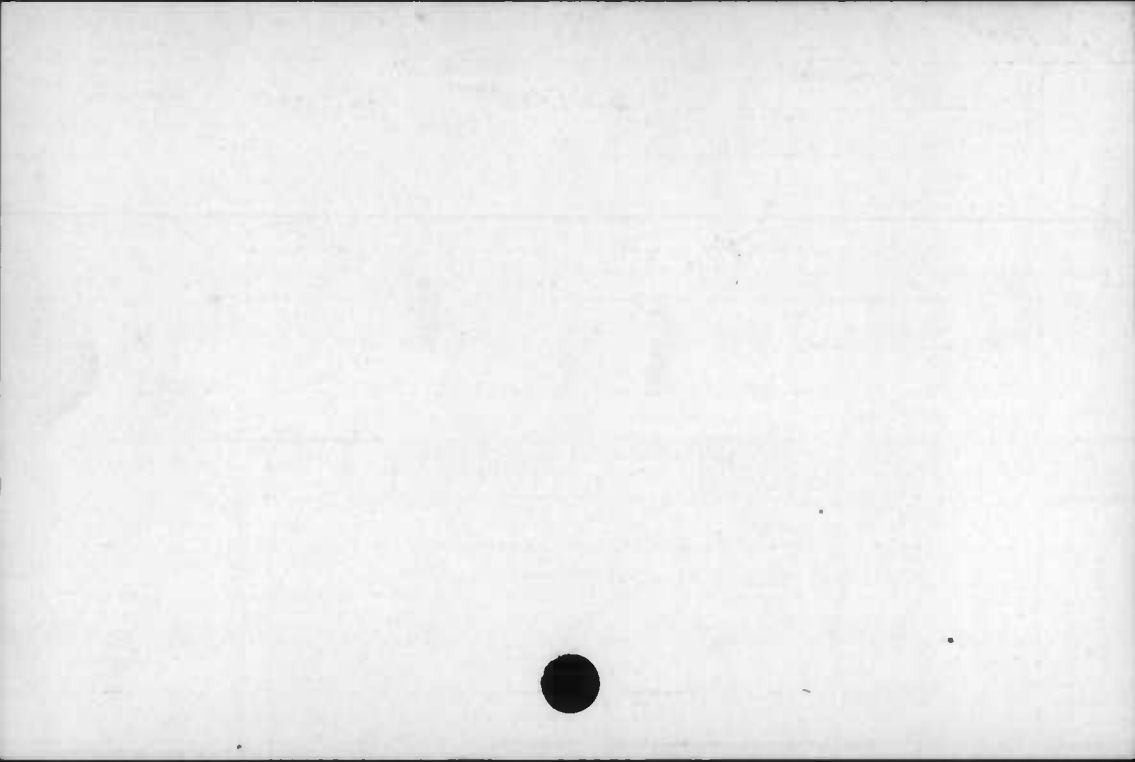
Died at <u>Starr</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>2</u>	Age <u>75</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Near Starr</u>		
Occupation <u>House Wife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Perry Burges</u>			
Father's Name <u>Last name was Jackson; Christian name</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Henry Wilson</u>			How related to deceased <u>Brother in law</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>Several years</u>
Immediate <u>Heart Disease</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Walter H. Fenby</u>
	Address <u>Centerville</u>
Accident or Suicide?	<u>R.R. No 4, Maryland.</u>



Name *Mrs Mary E Chambers*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethsville, And Over Ave</i>		County <i>Anne</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Jan</i>	Month <i>Jan</i>	Day <i>3rd</i>	Age <i>77</i>	Months <i>Oct</i>	Days <i>17</i>
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>J. Wright Chambers</i>				
Father's Name <i>Michael Keating</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Elizabeth Palmer</i>	Mother's Birthplace <i>Mayland</i>				
Name of person giving information <i>J. J. Keating</i>	How related to deceased <i>Nephew</i>				

59

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Face</i>	How long <i>5 days</i>
Immediate <i>Shots from face with infernal 7 shot</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Keating M.D.</i>
	Address <i>Bethsville</i>
Accident or Suicide? <i>accident</i>	<i>(over)</i> <i>James Lewis Co</i>

Was very feeble, and almost blind - just out of bed and started to walk across the room unattended when she caught her foot in a rug and fell on the floor with great force, resulting in terrible shock from which she died.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jannie A Cockey*
 Town *Stevensville* County *2a*

Died at

MARYLAND

Date

of death 1909

Month

Jan

Day

6

Years

67

Months

9

Days

Sex

*Female*Color or
Race*White*Birth-
place*Kent Island*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*J E Cockey*Father's
Name*Charles Danner*Father's
Birthplace*Kent Island, Md*Mother's
Maiden Name*Mary Tolson*Mother's
Birthplace*Kent Island, Md*Name of person giving
Information*John M Cockey*How related
to deceased*Son*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Immediate

Transient

How long

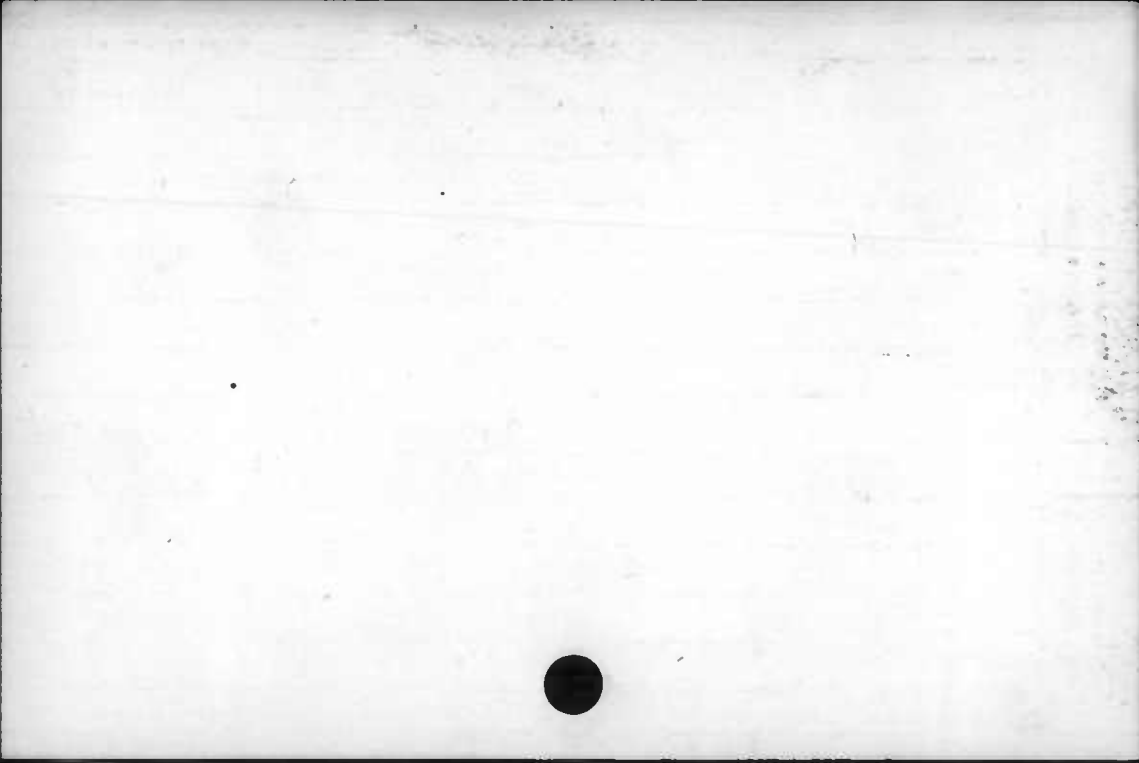
Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Oliver Kemp
Stevensville Md,

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Washington Collins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Queensstown		County Queen Anne		MARYLAND	
	Date of death	1909	Month 1	Day 2	Age 70	Years	Months —
	Sex	male		Color or Race	white		Birth- place
	Occupation	merchant		Where Residing if not at place of death		home	
	Married, Single or Widowed	married		Name of Wife or Husband		Elizabeth H. Collins	
	Father's Name	Unknown		Father's Birthplace		unknown	
	Mother's Maiden Name	Hannah Collins		Mother's Birthplace		Church Hill	
9	Name of person giving Information	Elizabeth H. Collins				How related to deceased	wife
	CAUSES OF DEATH				104		
PHYSICIAN OR CORONER	Primary	acute indigestion				How long	12 hours
	Immediate	Cardiac failure				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	W. W. Chaires
					Address	Queensstown, Md.	
Accident or Suicide?							



Name
in
Full

Wm Henry Cooper Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

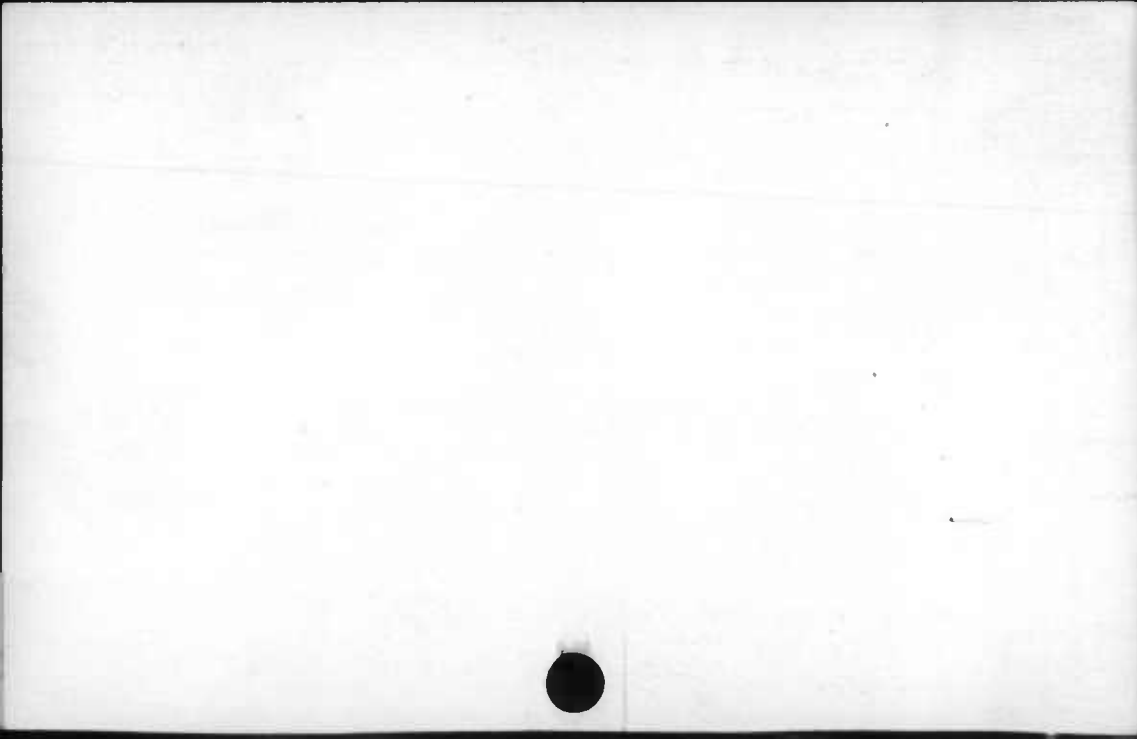
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	1	Age	43		
Sex	Male	Color or Race	Colored		Birth-place	D. C. Co., Md.	
Occupation	Laborer		Where Residing if not at place of death		Baltimore, Md.		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Wm Henry Cooper				Father's Birthplace	D. C. Co., Md.	
Mother's Maiden Name	Maria Lavinia				Mother's Birthplace	D. C. Co., Md.	
Name of person giving Information	Georgiana M. Danieles				How related to deceased	Sister	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis		How long	Don't know
Immediate	Hæmorrhage from lung		How long	Ten minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Rowland H. Ford
Bygones Chapin		Address	Queenstown, Md.	
Accident or Suicide		2nd Ma		



Name
in Full

Miss Florence A. Cabbage

CERTIFICATE OF DEATH

Died at Church Hill Town Queen Anne's County MARYLAND

Date of death 1909 Jan 4 Age 64 Months Days

Sex Female Color or Race White Birthplace L. & C. Ind.

Occupation Lady Where Residing if not at place of death At place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Benjamin Cabbage Father's Birthplace Ind.

Mother's Maiden Name Louise Cabbage Mother's Birthplace Ind.

Name of person living in information Mrs. Chas. McCallister How related to deceased Sister

CAUSES OF DEATH

Primary Tuberculosis Abscess of the Throat How long 4 or 5 years

Immediate Asthenia How long 3 months

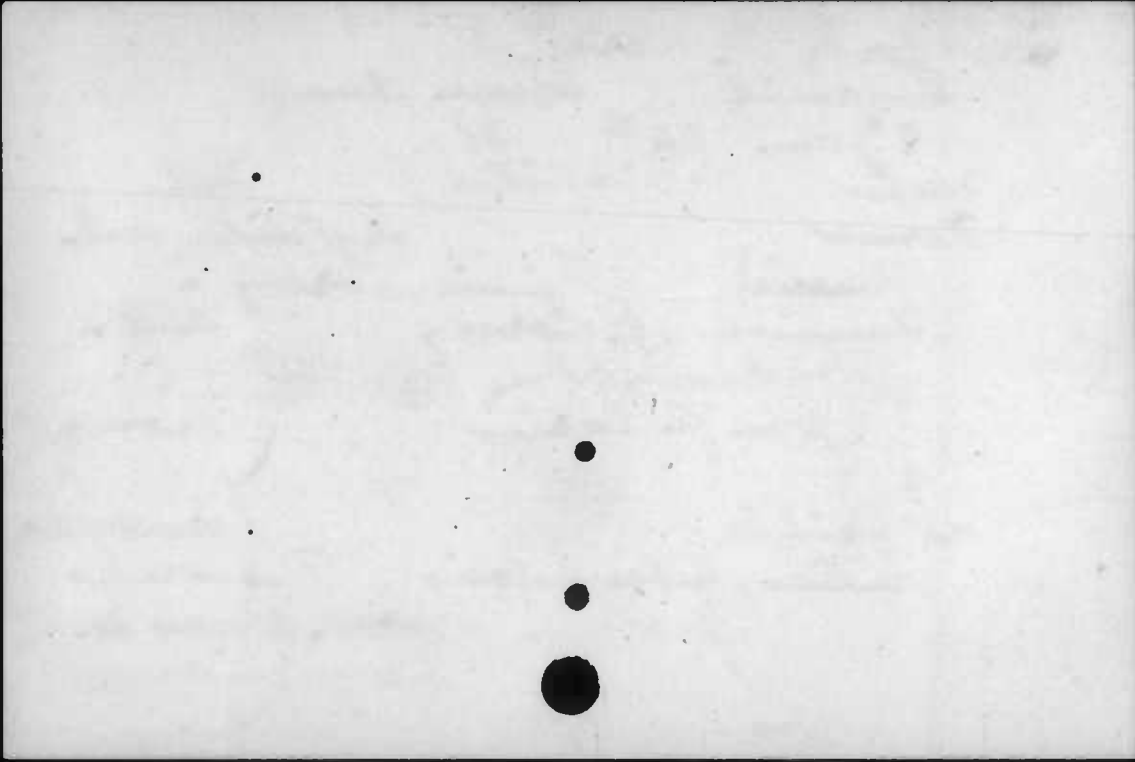
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Cabbage

Address Church Hill

Accident or Suicide? Ind.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

30



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mudford C. Corsey

Town

County

Died at

Ingleside

Burr

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Jan.

26th

Age 31

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of death

Ingleside Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Minnie Corsey

Father's
Name

Samuel S. Corsey

Father's
Birthplace

Md.

Mother's
Maiden Name

Laura E. Eganfield

Mother's
Birthplace

Md.

Name of person giving
In formation

John A. Carter

How related
to deceased

None

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

Three weeks

Immediate

Tubercular

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm W. Brown M.D.

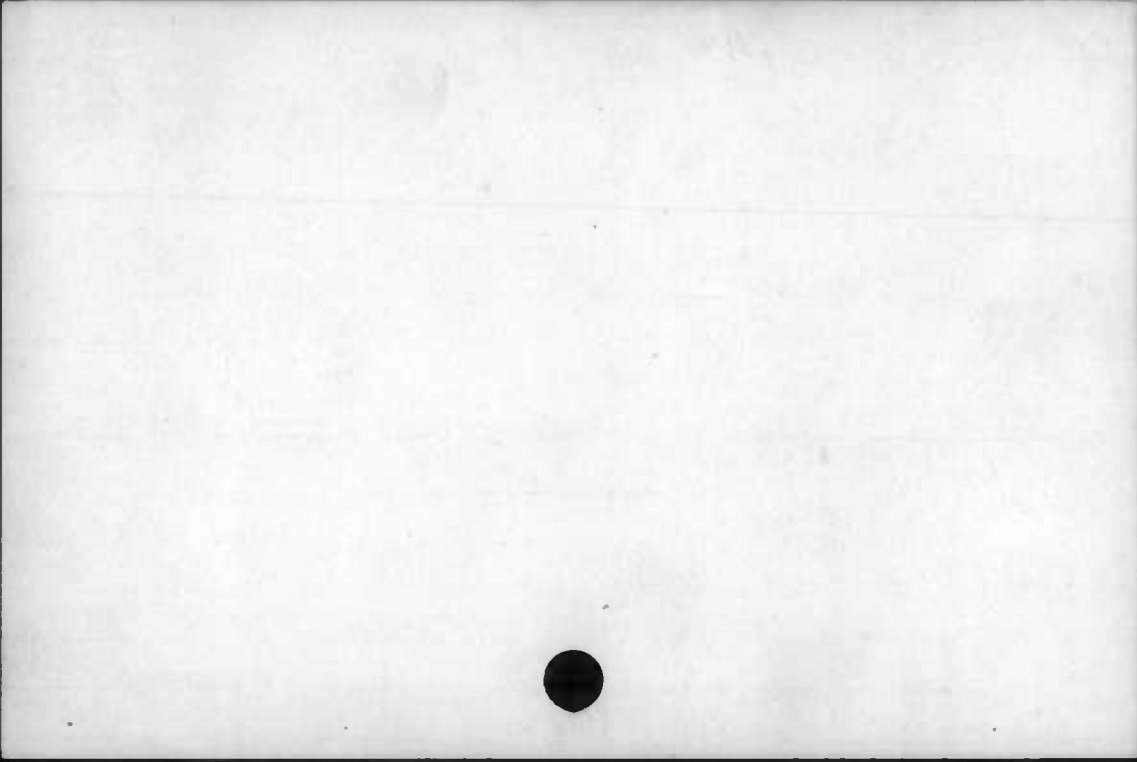
Address

Ingleside

Accident or Suicide?

No

Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

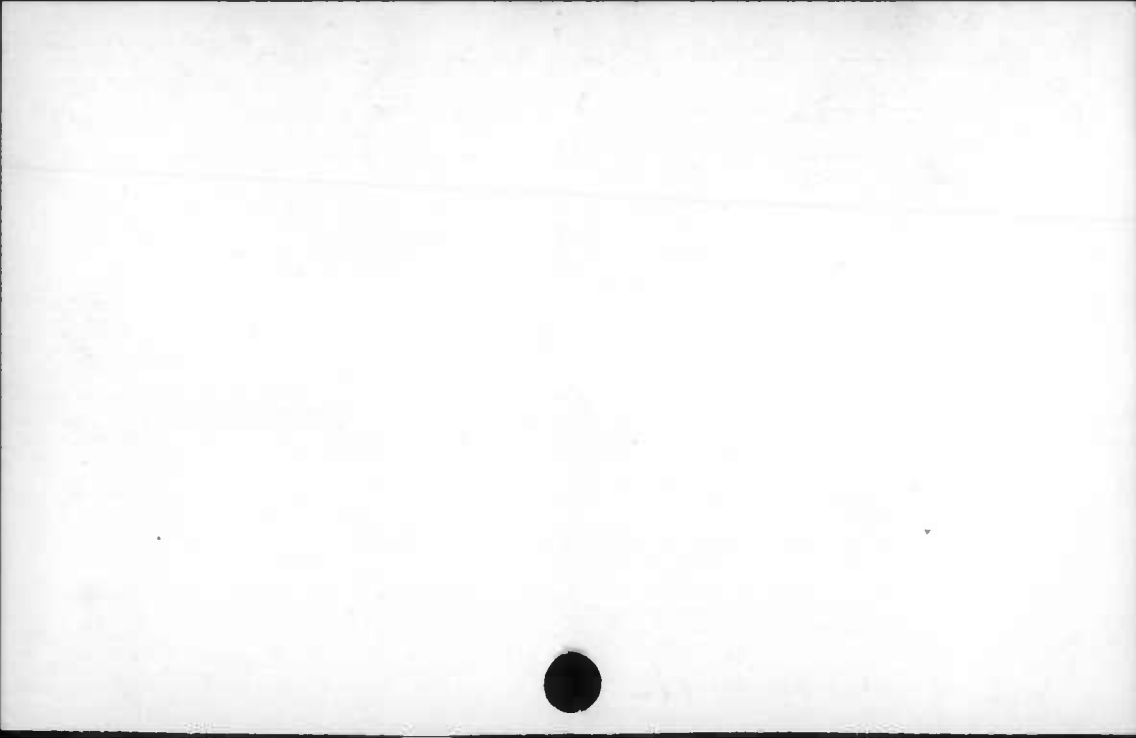
Died at <i>Year</i> <i>Wye Mills</i> <i>R. Co.</i>		Town <i>Wye Mills</i> County <i>R. Co.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan'y.</i>	Day <i>31</i>	Age <i>70</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>R. Co., Md.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Jim Town</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>? Slave</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Wm. H. Allen</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

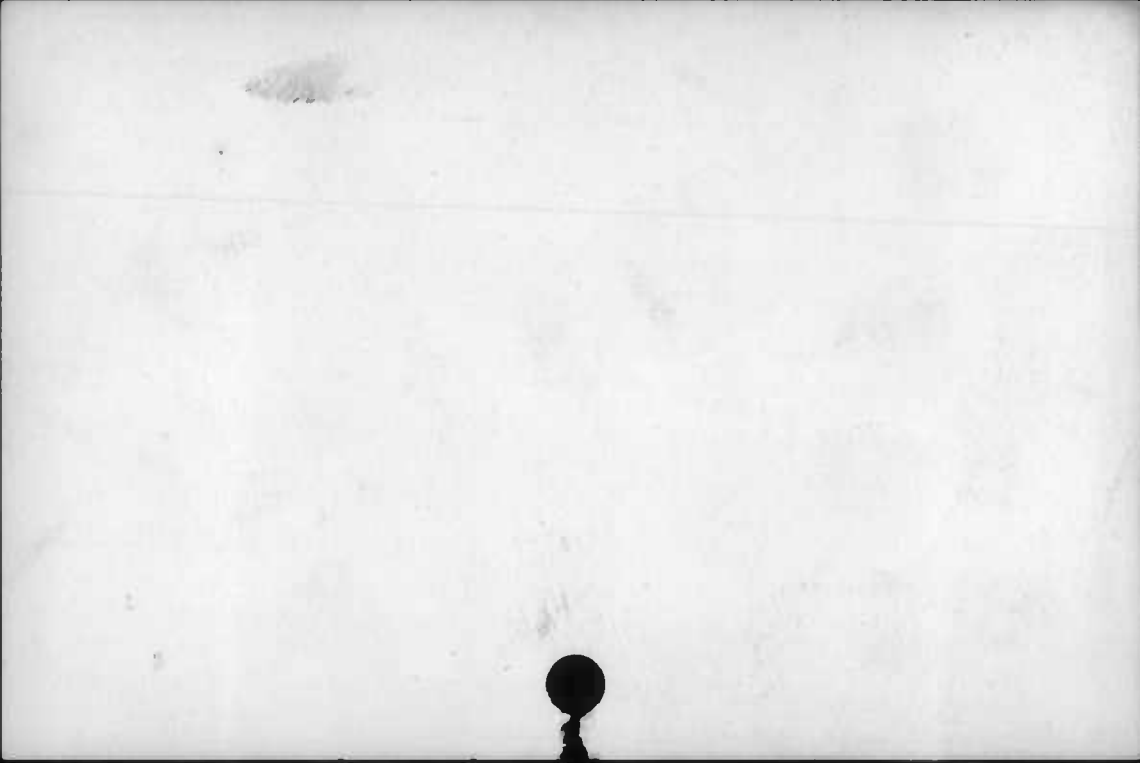
79

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. N. Ford</i>
<i>Mr. R. C. Lauch</i>	Address <i>Greentown, Md.</i>
Accident or Suicide	



Name in Full		Wm. Brundige Earle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		TOWN Winchester		COUNTY Green Anne		MARYLAND
	Date of death	1909	Month	1	Day	12	Age 69
	Sex	Male		Color or Race	Anglo Saxon		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Melfield D. Co.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Louisa Stubbs	
	Father's Name	Saml. T. Earle		Father's Birthplace		Melfield D. Co.	
	Mother's Maiden Name	Mary Brundige		Mother's Birthplace		Calto. Md.	
	Name of person giving information	Wm. B. Earle		How related to deceased		Son	
		CAUSES OF DEATH		(48)			
PHYSICIAN OR CORONER	Primary	Rheumatic Gout		How long	3 or 4 yrs		
	Immediate	Dilatation of Heart		How long	1 day		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		no		Address		
				Moortrace			
				Couttsville			
				Green Anne Co., Md.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Georg Washington Giffner

Town *Frostons* County *2a*

Died at *Frostons*

MARYLAND

Date of death *1909* Month *1* Day *20* Age *21* Years *6* Months *6* Days

Sex *Male* Color or Race *Black* Birth-place *Winchester 2a*

Occupation *Farm Work* Where Residing if not at place of death *" "*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary, E. Heather*

Father's Name *Geo. H. Giffner* Father's Birthplace *Perryman*

Mother's Maiden Name *Mary Washington* Mother's Birthplace *" "*

Name of person giving Information *Geo. H. Giffner* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

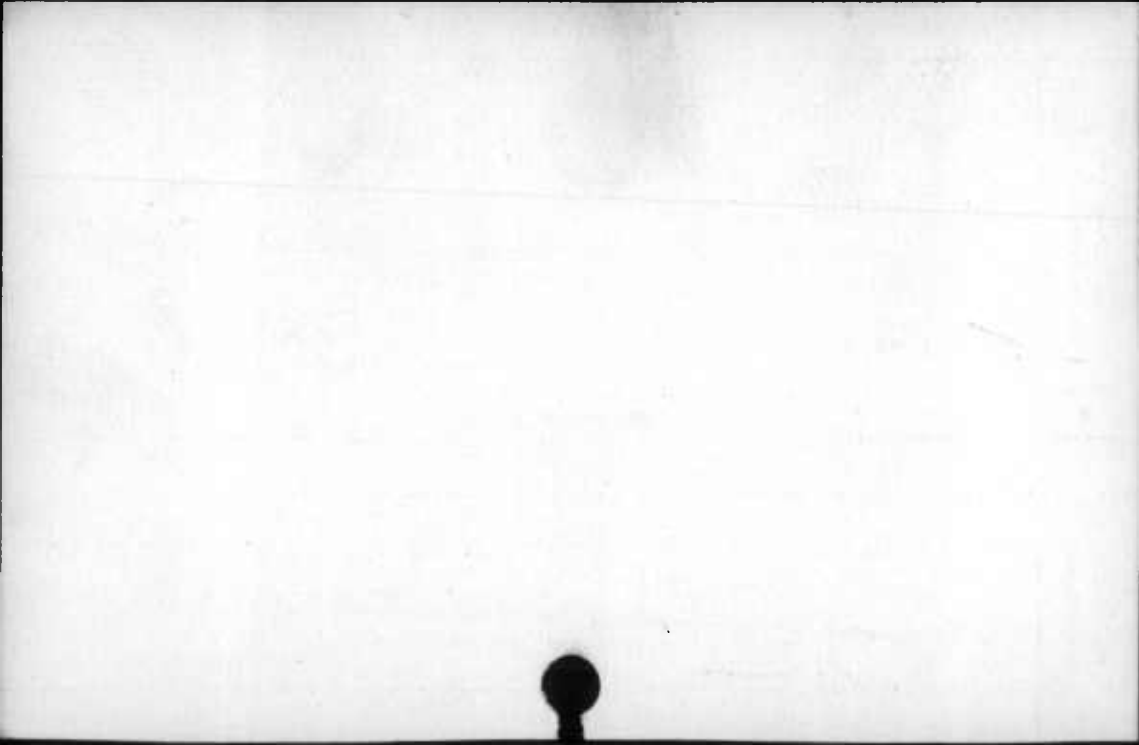
Primary *Pulmonic Tuberculosis* How long *Don't know*

Immediate *Cardiac failure* How long *Three hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Rowland H. Lee*

Address *Queenstown, Md.*

Accident or Suicide? *Intentional, Pyramus C. C. C.*



Name
in
Full

Frederick Hynson

CERTIFICATE OF DEATH

Town

County

Died at *double creek**Queen Anne Co*

MARYLAND

Date

of death 1909

Month

Jan

Day

22

Years

Age *91*

Months

—

Days

Sex

*Male*Color or
Race*Negro*Birth-
place*Queen Anne Co*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Louise Clarke*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Rachel Hynson*Mother's
Birthplace*Unknown*Name of person giving
Information*Matthew Hynson*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Senility

How long

154
Year

Immediate

Heart Failure

How long

*3 Days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Arthur E. Sanders*

Address

Crumpton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

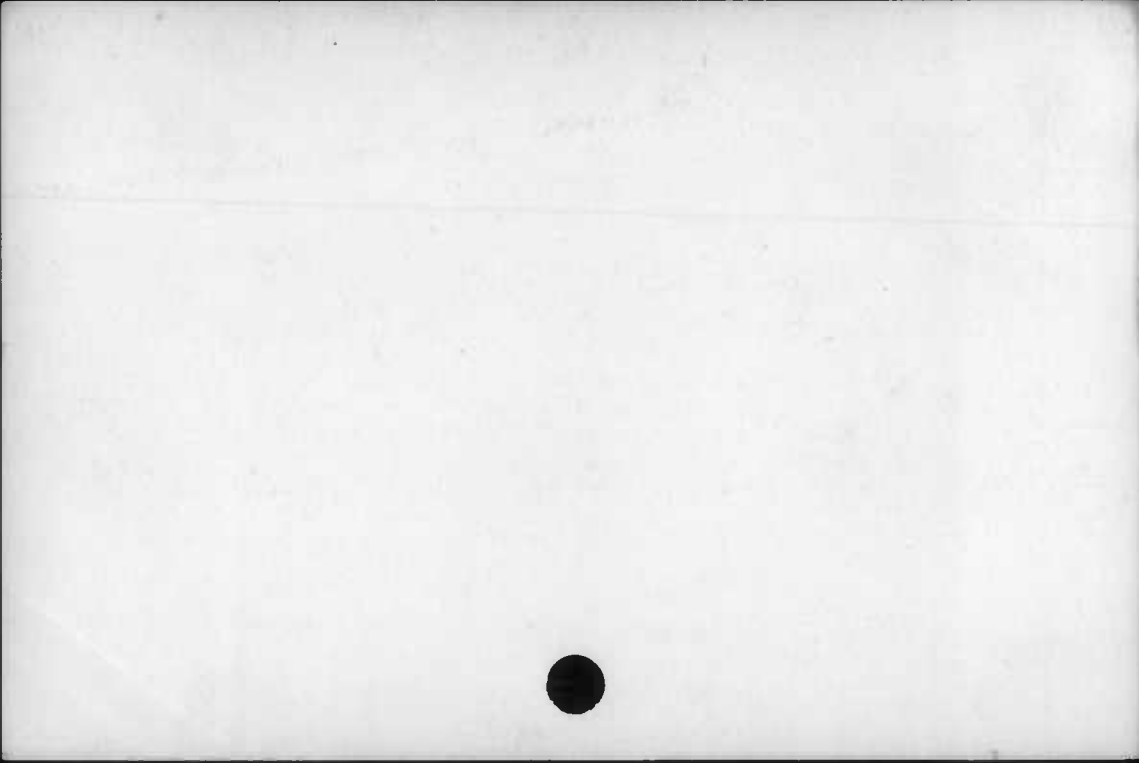
Died at <i>near Centerville</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	1909	Month	1	Day	26	Age	61
Sex	Female	Color or Race	White	Birth-place	Caroline Co., Md.	Months	10
Occupation	House work	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Jas. H. Jarrell				
Father's Name	Warner Busted	Father's Birthplace	Delaware				
Mother's Maiden Name	Mary Barwick	Mother's Birthplace	Delaware				
Name of person giving information	W. H. Jarrell	How related to deceased	Son				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia	How long	5 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Ordrace
		Address	Centerville, Queen Anne Co., Md.
Accident or Suicide?	No		



Name
in
Full

Carrie Rebecca Kilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death <i>1909 Jan.</i>	Month	Day <i>26</i>	Age <i>—</i>	Months <i>3</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Centreville Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Kilson</i>			Father's Birthplace <i>Centreville Md.</i>		
Mother's Maiden Name <i>Carrie Rozier</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Carrie Kilson</i>			How related to deceased <i>mother</i>		

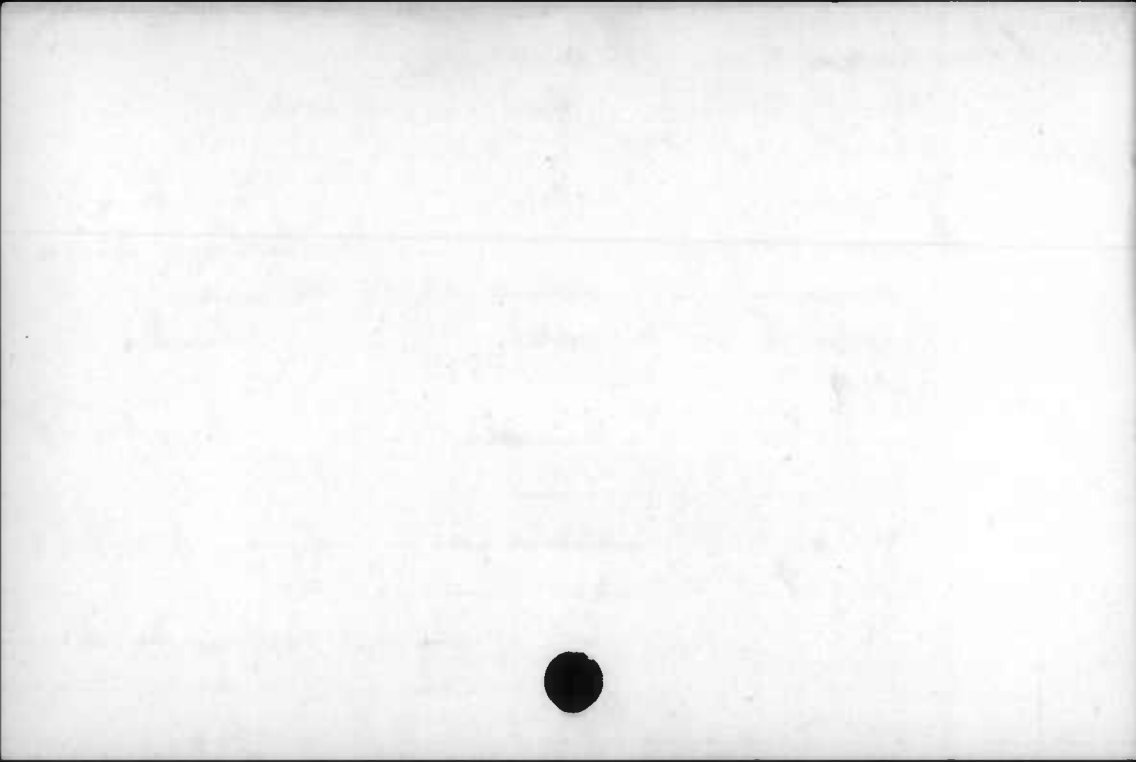
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CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Congenital Weakness</i>	How long <i>3 months</i>
Immediate <i>Acute Indigestion</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgetown</i> Town <i>Queen Anne's</i> County		MARYLAND	
Date of death 909	Month <i>1</i>	Day <i>14</i>	Years <i>31</i> Months Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>	
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Bridgetown Ind.</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John B. D. Moore</i>		
Father's Name <i>Robert P. Moore</i>	Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Katherine Bell</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John B. D. Moore</i>	How related to deceased <i>Husband</i>		

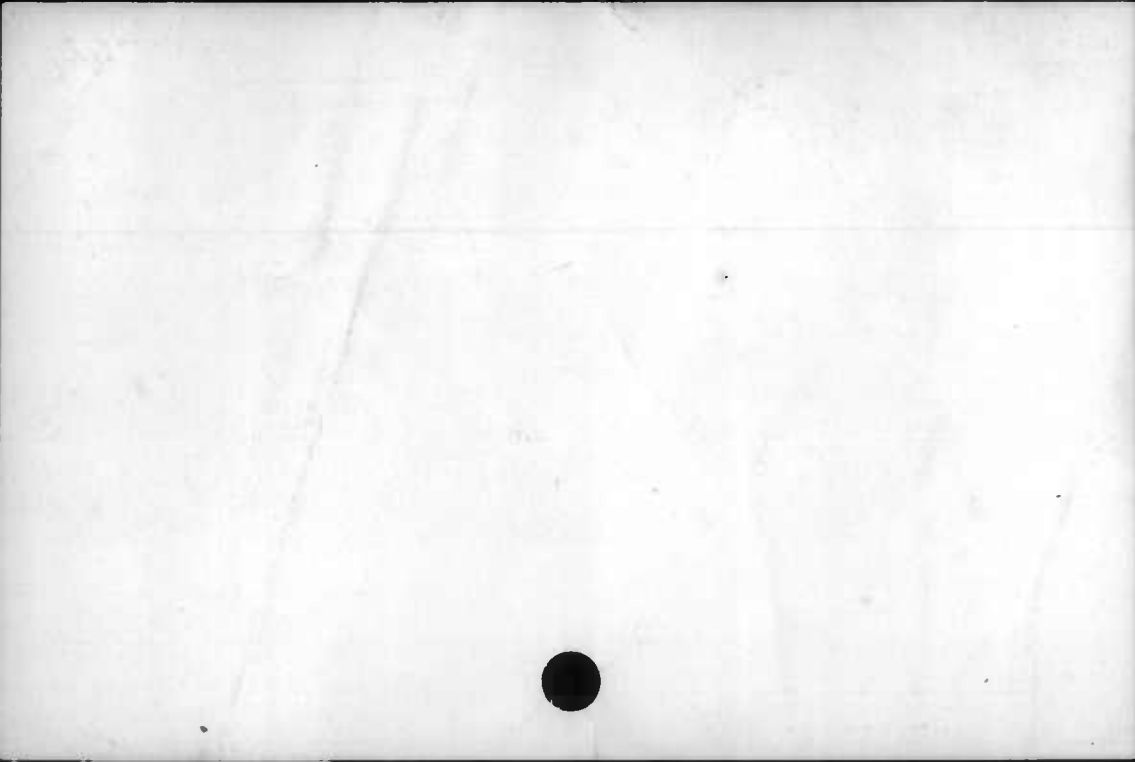
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CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>Seven weeks.</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Bourne M. D.</i>
	Address <i>Darlington Ind.</i>
Accident or Suicide? <i>No.</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died *Mary Grace Parker* Town *Myar Church Hill* County *Queen Anne's*Date of death *1909* Month *Jan* Day *26* Age *9* Years Months *4* Days *6*Sex *Female* Color or Race *Black* Birth-place *E. A. Co. Ind.*Occupation *Child* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Andrew Parker*Father's Birthplace *Balti. Co. Ind.*Mother's Maiden Name *Mary Jane Martin*Mother's Birthplace *E. A. Co. Ind.*Name of person giving information *Sarah C. Martin*How related to deceased *Grandmother*

CAUSES OF DEATH

107

Primary *Ascaris Lumbricoides & Bronchitis* 3 monthsImmediate *Asthenia Cum Heart disease* 10 daysAre the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Wm. G. Coppage*Address *Church Hill*

Accident or Suicide?

Ind

Salmon County

Name
in
Full

CERTIFICATE OF DEATH

Ella V. Rickards

Town

County

MARYLAND

Died at

Templeville Linn Co

Date

Month

Day

Years

Months

Days

of death

1909

1

19

Age

44

5

19

Sex

Female

Color or
Race

White

Birth-
place

Phila. Pa.

Occupation

House work

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

David T. Rickards

Father's
Name

James E. Pirool

Father's
Birthplace

Pa.

Mother's
Maiden Name

A. E. Goggins

Mother's
Birthplace

Pa.

Name of person giving
In formation

David T. Rickards

How related
to deceased

Husband

CAUSES OF DEATH

47

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. R. Smith, M.D.

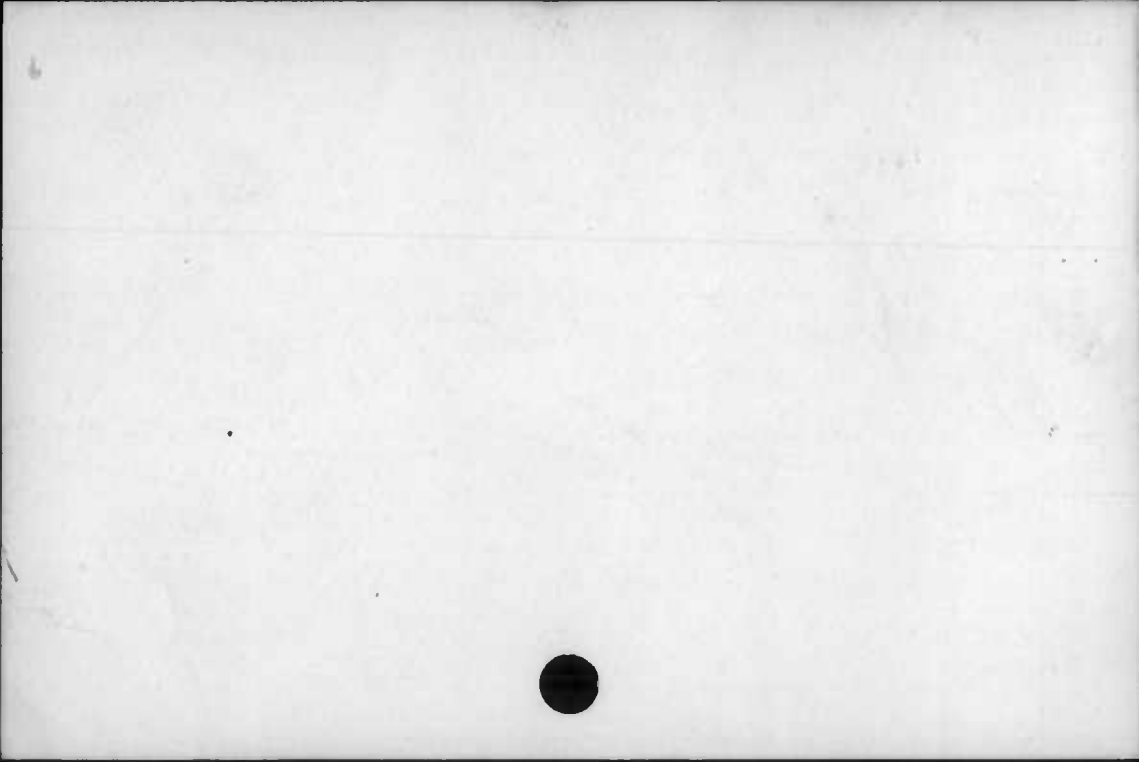
Address

Templeville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John Wesley Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

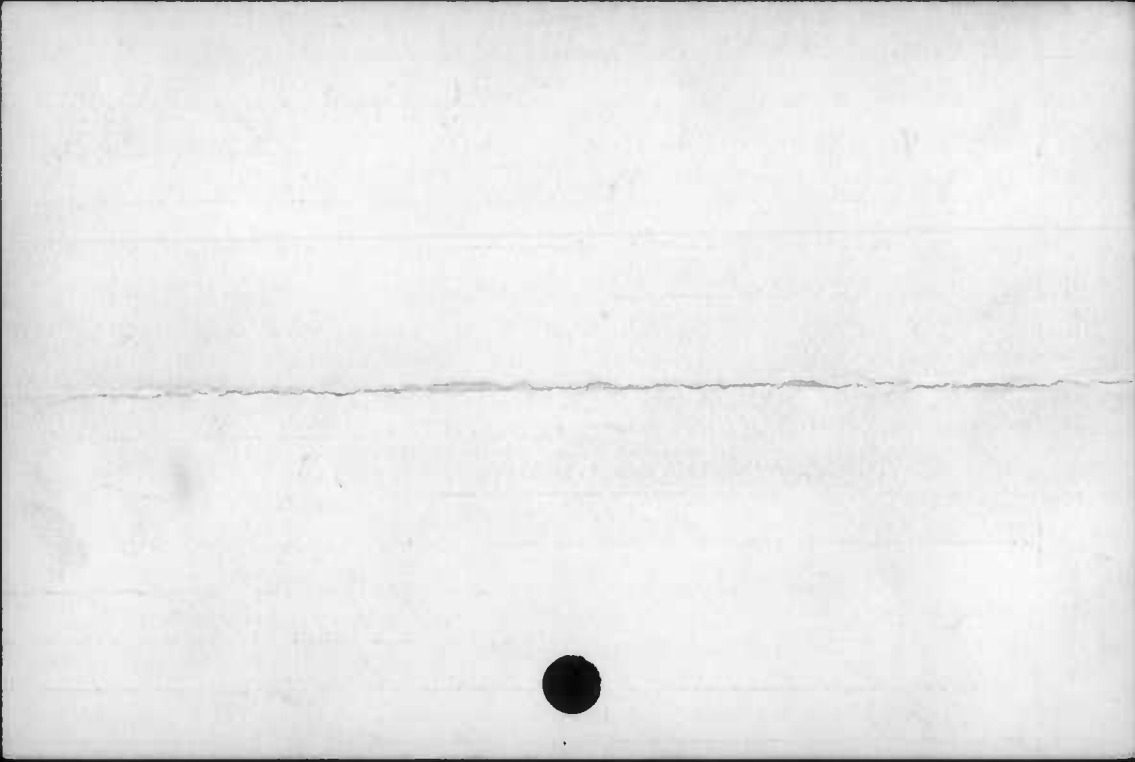
Died at		Town		County		State	
Bonne		Price		Hew		MARYLAND	
Date of death	1909	Month	Jan	Day	22	Age	28
Sex		Color or Race		Birth-place		Months	
Male		White		Leof's		22	
Occupation		Where Residing if not at place of death					
Fireman		yes					
Married, Single or Widowed		Name of Wife or Husband					
Married		Lillian Ritter					
Father's Name		Father's Birthplace					
Jesse Ritter		Perry					
Mother's Maiden Name		Mother's Birthplace					
Smith		Perry					
Name of person giving Information		How related to deceased					
Lillian Ritter		Widow					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Gastric Ulcer	How long	100-100-1/2
Immediate	Intestinal perforation	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		M. D. O'Connell M.D.	
		Address	
		Springfield	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

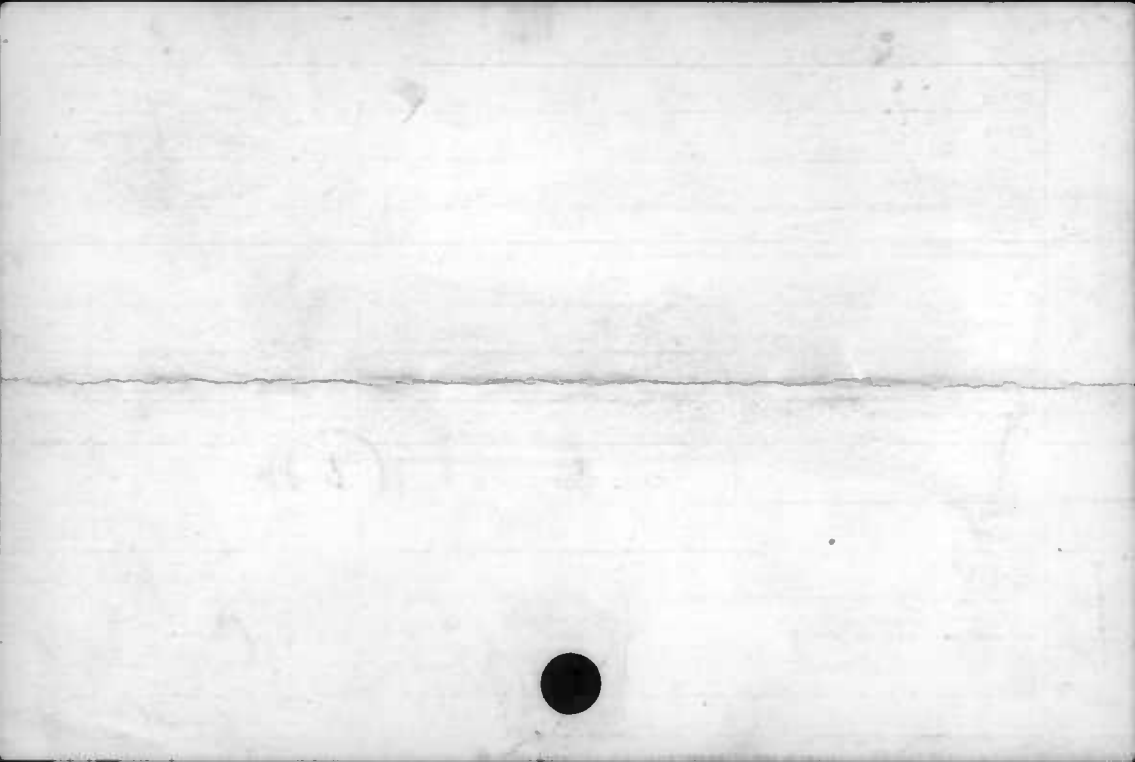
Name in Full <i>Joe Simpson</i>		Town <i>Thurmont</i>		County <i>Queen Anne's</i>		State MARYLAND	
Died at <i>Thurmont</i>		Month <i>July</i>		Day <i>30</i>		Years <i>38</i>	
Date of death <i>1909 July 30</i>		Age <i>38</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brightseat</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Brightseat</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Married</i>					
Father's Name <i>Thos Simpson</i>		Father's Birthplace <i>P.O. Md</i>					
Mother's Maiden Name <i>do not know</i>		Mother's Birthplace <i>P.O. Md</i>					
Name of person giving Information <i>Thos Simpson</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Cause <i>Struck by Electric Car</i>		How long <i>166</i>	
Immediate Cause <i>do not know</i>		How long <i>do not know</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. L. Murchison</i>	
		Address <i>Columpton Md</i>	
Accident or Suicide <i>Accident</i>			



Name in Full Caroline Dancy Surpin		CERTIFICATE OF DEATH	
Died at Centerville Town		Green Anne's County	
Date of death 1909 January 28		Age 57 Years	
Month January Day 28		Months 10 Days 2	
Sex Female Color or Race White		Birth-place Tarboro, N.C.	
Occupation none		Where Residing if not at place of death Centerville, N.C.	
Married, Single or Widowed Married		Name of Wife or Husband William J. P. Surpin	
Father's Name William J. Dancy		Father's Birthplace North Carolina	
Mother's Maiden Name Caroline Mayo		Mother's Birthplace Mississippi	
Name of person giving information Delia D. Brown		How related to deceased Daughter	
9		104	
CAUSES OF DEATH			
Primary Gastro		How long 7 yrs 6	
Immediate Cardiac Paralysis		How long Suddenly	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James H. H. H.	
		Address Centerville, N.C.	
Accident or Suicide? No			



Name
in
Full

Christopher Paul Walraven

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ingleside</i> ^{Town}		<i>Sumner</i> ^{County}		MARYLAND	
Date of death	1909	Month	10	Day	Age
	1		6		7
				Years	Months
					Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Child</i>		Birth-place	<i>End..</i>	
Where Residing if not at place of death	<i>at place death.</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>	
Father's Name	<i>C. Davis Walraven</i>			Father's Birthplace	<i>End..</i>
Mother's Maiden Name	<i>Margaret Weedman</i>			Mother's Birthplace	<i>End..</i>
Name of person giving information	<i>Ervin R. Walraven</i>			How related to deceased	<i>Son.</i>

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>Three years.</i>
Immediate	<i>Acute Endocarditis</i>	How long	<i>One week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm W. Bowen M.D.</i>
		Address	<i>Ingleside</i>
Accident or Suicide?	<i>No.</i>		<i>End..</i>

Went with Mrs. Woodman

Brunch 5.

Shore Pump #12

4 1/2 Gallons & 5¢ 485

27

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDInfant (unnamed)
Town Stevensville County L. G.

MARYLAND

Died at
Date of death 1909 Month Jan Day 4 Age — Years — Months 3 Days —Sex Female Color or Race Colored Birth-place Kent L.Occupation — Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband —Father's Name Unknown Father's Birthplace UnknownMother's Maiden Name Unknown Mother's Birthplace UnknownName of parson giving Information — How related to deceased —

CAUSES OF DEATH

150

Primary Dropsy of BrainImmediate Announced byAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician Dr C. P. Kemp.Address No physician attending.

Accident or Suicide

PHYSICIAN
OR CORONER

